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\*\* CONTINUING DATA \*\*\*\*\*

W 2/6/06

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 192 33 953.0-35 07/19/2002

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR  COUNTRY GERMANY	SHEETS  DRAWING 2	TOTAL  CLAIMS 23	INDEPENDENT  CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Device for rinsing a body cavity

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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